

The Maryland-National Capital Park and Planning Commission  
September 6, 2011

**Agency Mission / Responsibilities / Governance Structure**

The Commission is a corporate body of the State of Maryland established by the Maryland General Assembly in 1927 under Article 28 of the Maryland Code. The Commission is a bi-county agency serving both Montgomery and Prince George's Counties. It is empowered to acquire, develop, maintain and administer a regional system of parks in the defined Metropolitan District in Montgomery and Prince George's Counties, and to prepare and administer a general plan for the physical development of a defined Regional District for the two Counties. The Commission also conducts the recreation program for Prince George's County.

There are 7 Departments:

1. Planning – Montgomery County
2. Parks – Montgomery County
3. Planning – Prince George's County
4. Parks & Recreation – Prince George's County
5. Finance (bi-county)
6. Legal (bi-county)
7. Human Resources (HR) (bi-county) – the Executive Director also serves as the HR Department Head

**Employee & Retiree Population**

TYPE	Eligible EEs	Enrolled in Medical	% Enrl	Enrolled in Prescription	% Enrl
Actives	2036	1827	68%	1298	49%
MCGEO				485	18%
FOP - Represented	162				
NonRepresented & MCGEO	1874				
Retirees <Age 65		383	14%	392	15%
Retirees – Medicare Eligible		442	17%	476	18%
COBRA		12	0%	10	0%
LTD EEs Eligible for Medicare		13	0%	9	0%
TOTAL	2036	2677	99%	2670	100%
% of the employees not enrolled in the plan			10%		13%

EEs = employees

MCGEO is only separated in the prescription plan due to slightly different plan designs  
These numbers are taken from M-NCPPC system generated reports.

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**Dependents Covered**

The Human Resources information system does not allow easy access to the number of dependents who are enrolled in the medical and prescription plans. However, the medical and prescription vendors have been able to provide the following enrollment numbers for their plans:

Employee Group Enrollment	Care-mark Rx	CIGNA EPO	UHC EPO	UHC POS	UHC Medicare	Total Medical
Employees & Retirees	2,683	403	670	1,275	357	2,705
Spouses	1,417	206	180	279	145	810
Dependents	1,629	262	623	1,381	4	2,270
Total Members	5,729	871	1,473	2,935	506	5,785

**Medical Plans**

M-NCPPC offers the following medical plans:

- UHC POS (Point of Service)
- UHC EPO (Exclusive Provider Organization)
- CIGNA EPO (Exclusive Provider Organization)

All three medical plan are 'open access' which means that a participant is not required to have a referral from the primary care physician (PCP) to seek the services of a provider specialist (a doctor who focuses on a limited area of expertise such as a cardiologist or pulmonologist).

None of the medical plans has a prescription benefit in the plan. There is a separate prescription plan.

The MCGEO collective bargaining agreement (CBA) includes an agreement that the Commission will offer a POS and two HMOs. Since the EPOs are basically HMOs without the need for referrals, the Commission currently meets the CBA requirements.

There are some differences in some copays between the plans and some coverages, such as the following brief summary of similarities and differences:

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	UHC POS	UHC EPO	CIGNA EPO
<b>COPAYS</b>			
General Copay	\$10	\$10	\$10
Specialist Copay	\$10	\$10	\$10
Emergency Room	\$35	\$25	\$35
Urgent Care	\$10	\$10	\$35
<b>DEDUCTIBLES</b>			
In-network	None	None	None
Out-of-network	Ind \$250 2 Mbr \$500 Fam \$600	N/A	N/A
<b>OUT OF POCKET (OOP) MAXIMUMS</b>	Ind \$600 2 Mbr \$1,200 Fam \$1,800 Combined both in & out of network	Ind \$1,100 Fam \$3,600	Ind \$1,500 Fam \$3,000

### Prescription Plan

The Commission's prescription plan is administered by Caremark, a third party vendor. Employees and retirees can choose to have medical only, prescription only or both. There are several management programs that are currently offered in the M-NCPCC prescription plan to include:

#	Program	Program Goal / Brief Description
1	Point of Sale Safety Review and concurrent Plan Design Edits	To check for serious drug interactions
2	Safety & Monitoring Solutions	a) to identify patterns of potential overuse and misuse including multiple prescribers &/or multiple pharmacies & notify prescribers by mail; b) to evaluate potential fraud, waste or abuse and take appropriate steps
3	Enhanced Safety & Monitoring Solution	Provides continued monitoring, prescriber & participant intervention, special investigation, case mgt and consultative services. Estimated ROI is 1:1, but all facets of the program have not been adopted by M-NCPCC at this point. Other levels include hourly consult of visit features.



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#	Program	Program Goal / Brief Description
4	Comprehensive Generic Solutions	To determine generic substitutions and make notification that may have a negative impact on a participant
5	ExtraCare Health Card	Provide 20% discount on > 1,300 CVS store brand items eligible for FSA reimbursement
6	Specialty Guideline Mgt	Evaluate the appropriateness of drug therapy for specialty medications according to evidence based guidelines both before initiation or therapy and on an ongoing basis. Outreach is made to participants
7	Specialty Pharmacy	To optimize specialty therapy outcomes through personalized outreach & support for participants and prescribers. A pharmacist/nurse-led CareTeam is assigned to specialty patients
8	Drug Savings Review	To review long-term retail & mail drug histories of participants and identify situations in which CVS/Caremark pharmacists can assist prescribers in selecting the most appropriate medications
9	Prior Authorization / Appeals	To ensure safe, effective and appropriate use of selected drugs. Evidence-based criteria must be met for a drug override.
10	Enhanced Gaps in Care Pharmacy	Identifies potential high-risk plan participants, using pharmacy data through disease-specific clinical algorithms. A pharmacist reviews the participant profiles, monitors over- or under-utilization and contacts the prescriber if necessary. Estimated ROI is 1:1.

Most of these programs are what Caremark considers “Core” programs, which are included in the administrative fee charged by Caremark. The core programs do not have a return on investment.

The following sections on UnitedHealthCare and Caremark provide some information on the types of programs that are offered. Some of these programs require a signed contract before services can begin. For some programs the draft contracts are being reviewed.

### CIGNA

CIGNA offers a number of programs at no cost to M-NCPPC such as:

- 24 hour health information line
- Well Aware Disease management programs

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- Lifestyle Management Programs (stress, weight & quit smoking)
- Health assessments
- Online coaching programs
- Healthy Babies program
- Health Rewards Programs (some cost if cash incentives are used)

The low cost programs include:

- On-site lunch and learns
- On-site flu shots - \$25 for non-CIGNA enrolled employees – Employees with CIGNA coverage would go through the CIGNA claim system
- On-site wellness seminars
- Offer pedometers to employees who might want to be in a walking club
- \$25 gift cards to employees that take the Health Assessment

### **UnitedHealthCare (UHC)**

M-NCPPC's Total Population Management solution with UHC includes disease management, case management, inpatient care management, a NurseLine available 24/7, notification of complex medical conditions, and wellness.

UHC's disease management program focuses on the following:

- Coronary artery disease
- Diabetes
- Heart failure
- Asthma
- COPD
- Low back pain

The program provides a whole-person approach to disease management that includes behavioral health and co-morbidity management. The program is based on national guidelines and evidence-based medicine and is designed to improve the quality of care, lower cost of care, and ensure a personalized member experience and maximize purchasers' investments. The program strives to reduce variation in clinical quality and cost through improved patient self-management, and through guidance to quality and efficiency designated physicians, networks and clinical programs (and UnitedHealth Premium providers and facilities where appropriate).

The case management component provides access to collaborative and member-focused programs that leverage transitional case management, condition management and Complex Case Management to assist high-cost, high-risk members manage their conditions and care. These programs involve the process of identifying those at risk, assessing health care needs, planning and executing outcome-based care decision support that will ultimately change behavior to impact the quality and affordability of the health care experience. It focuses on engaging members who have a significant impact on medical spend through a wide array of methods, regardless of condition, including high-cost claimant triggers, and predictive modeling.



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UHC also offers a suite of programs for Complex Case Management that identifies leading health care providers and guides members to them for care to promote better patient outcomes and significant cost savings for customers. Carefully chosen Centers of Excellence (COE) networks span across the nation bringing together the best physicians and clinics in areas such as organ transplantation, kidney disease, congenital heart, and cancer care. Specialty case managers work directly with members for transplantation, oncology, kidney disease, and bariatric surgery. COE facilities and UnitedHealth Premium providers, combined with case management, result in members being treated by experienced, knowledgeable physicians; and better care leads to shorter hospital stays, higher success rates, faster recoveries and lower costs.

NurseLine provides members with access to registered nurses to drive better health outcomes. Members receive access to symptom decision support, evidence-based health information, as well as education and medication information that improves care-seeking behavior, helps avoid unnecessary emergency room visits and reduces absenteeism. These nurses serve as a navigational hub, referring members to high-quality providers and other available care management programs as appropriate.

### **Caremark**

Caremark has a variety of clinically based programs in place with M-NCPPC's Plan that are designed to generate cost savings for plan participants with several of the high cost conditions listed above. Caremark's programs to manage pharmacy costs, with a focus on high cost and chronic disease, include the following:

- **Utilization Management:** Programs involving real-time and retrospective comprehensive screening of prescriptions against patient history to help encourage adherence to basic safety protocols and to alert pharmacists, members and their physicians to important cost and safety issues that could ultimately avoid high cost drug events and hospitalizations. Caremark provides several levels of drug utilization review from concurrent review (such as, drug interactions, refill too soon, duplicate therapy, excessive dosing, under-utilization) to retrospective review. It also provides dose optimization services to promote single daily dose regimens in place of multiple daily dose regimens when clinically appropriate.
- **Specialty Guideline Management and Exclusive Specialty Network:** An evidence-based guideline program to evaluate the appropriateness of drug therapy for specialty medications before therapy is initiated, and on an ongoing basis. M-NCPPC has an exclusive specialty network that provides lower costs through better pricing and through waste/inventory/dose management. The controls in a specialty network environment also help to improve clinical outcomes through enhanced support and outcomes reporting. Some of the high cost conditions noted above fall under this program such as pulmonary arterial hypertension.
- **Generic Solutions:** M-NCPPC provides members targeted generic alternative messages informing those taking single source, non-preferred medications of less expensive generic alternatives. This promotes the use of generics and ultimately saves the plan and members money on the cost of treatment of many chronic conditions such as diabetes.

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M-NCPPC also participated in Caremark's **AccordantCare™** program (now managed by Alere, a third party vendor). The disease management program focused on the following conditions, many of which are included on M-NCPPC's chronic/high list.

- Adult asthma
- Coronary artery disease
- Chronic obstructive pulmonary
- Diabetes
- Heart Failure
- Peptic ulcer disease

AccordantCare™ provides disease management services for rare and chronic conditions. The program strives to motivate participants with chronic conditions to take a more proactive role in their healthcare to achieve optimum results through regular nurse-based counseling.

Real-time pharmacy data is incorporated into the disease management program to help enable reaching out to at-risk participants early in the process when they are more receptive to making lifestyle changes. This positively impacts the outcomes before participants develop costlier high-risk conditions. Real-time pharmacy access also provides for increased opportunities to improve medication adherence and lower drug costs by counseling members about prescription benefit design, and cost saving tips.

For 2009, the The AccordantCare™ program provided an estimate of approximately \$300,000 in savings to the M-NCPPC plan. M-NCPPC has also experienced a significant decrease in hospitalizations and ER visits for members enrolled in Caremark's disease management programs, compared to pre-enrollment statistics. Reductions in these two areas lead to lower costs for treating conditions. There are no hard data constructs or return on investment to support the estimated savings.

This program was just recently discontinued because the new approach by Alere was to incorporate medical data with pharmacy data. Since M-NCPPC was not providing this data, the success of the program was significantly lowered. Additionally a separate contract was required between M-NCPPC and Alere and M-NCPPC needs sufficient time to review the feasibility of providing this scope of work to a vendor without the bidding process. Instead M-NCPPC has been pursuing contractual agreements with Caremark and the medical vendors, to provide prescription feeds to each of the medical vendors so case management can be handled by the medical plans. Although it is possible that M-NCPPC could provide medical feeds to Caremark, at this point there is not a strong economic reason to do so.

There are other clinical programs offered by Caremark that are currently under review to help manage utilization and appropriate care for participants.

### **Significant Changes for Calendar Year 2012**

The Commission is anticipating rate increases this year in part due to some increased claims experience. Plan design is also being reviewed to determine if any programs offered by the



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medical and prescription vendors can be implemented to help participants in the treatment and drug therapy programs. Currently nothing has been presented to the Department Heads and Commissioners for their review. The Commission will have a later than normal open enrollment season in order to more fully explore options on containing costs.